

SECTION 15 LABORATORY SERVICES

Missouri Medicaid follows Medicare guidelines for billing of professional and technical and total components of laboratory tests. Providers should reference Medicare's Newsletter for Indicators/Global Surgery/Percentages/Endoscopies at <http://www.medicare.com/>.

Professional component only codes – Modifiers 26 and TC cannot be billed with these codes. Examples - 80500 and 85097.

Technical component only codes – Modifiers 26 and TC cannot be billed with these codes. Examples - 81002 and 82270.

Total component codes – These codes have a professional, technical, and total component. When billing for the professional component, use the 26 modifier. When billing for the technical component, use the TC modifier. When billing for the total component, do not use any modifiers. Examples - 88104, 88300.

Clinical Laboratory Improvement Act (CLIA)

CLIA WAIVER PROCEDURES

Medicaid providers possessing a "Certificate of Waiver" are allowed to perform the following procedures.

G0328	82274	83002	84478	86701
80061	82465	83026	84703	86703
80101	82570	83036	84830	87077
80178	82679	83037	85013	87210
81002	82271	83518	85014	87210U7
81003	82272	83605	85018	87449
81025	82947	83718	85576	87804
81025U7	82950	83721	85610	87807
82010	82951	83880	85651	87880
82044	82952	83986	86294	87899
82055	82962	84443	86308	89300
82120	82985	84450	86318	
82270	83001	84460	86618	

PHYSICIAN PERFORMED MICROSCOPY PROCEDURES (PPMP)

Medicaid providers possessing a PPMP certificate are allowed to perform all the waiver procedures as well as the following additional procedures.

Q0111	Q0113	Q0115	81001	81020	89190
Q0112	Q0114	81000	81015	89055	

Questions regarding CLIA registration or accreditation should be directed to:

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